

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) <div style="text-align: center;">-</div>	2 Total pages filed: <div style="text-align: center;">2</div>																					
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border: none;"> <tr> <td style="width:20%; border: none;">MS / MRS / MR</td> <td style="width:30%; border: none;">FIRST</td> <td style="width:10%; border: none;">MI</td> <td style="width:40%; border: none;"></td> </tr> <tr> <td style="border: none;">NICKNAME</td> <td style="border: none;">LAST</td> <td style="border: none;">SUFFIX</td> <td style="border: none;"></td> </tr> </table> <div style="text-align: center; margin-top: 10px;"> <i>Mr. Jon Bullock</i> </div>		MS / MRS / MR	FIRST	MI		NICKNAME	LAST	SUFFIX		<div style="border: 2px solid black; padding: 5px; margin-bottom: 5px;"> RECEIVED APR 04 2019 CITY SECRETARY'S OFFICE 2:26 p.m. </div> <div style="border: 1px solid black; padding: 2px; font-size: small;"> Date Hand-delivered or Date Postmarked </div> <table style="width:100%; border: none; font-size: x-small;"> <tr> <td style="width:50%; border: none;">Receipt #</td> <td style="width:50%; border: none;">Amount \$</td> </tr> <tr> <td colspan="2" style="border: none;">Date Processed</td> </tr> <tr> <td colspan="2" style="border: none;">Date Imaged</td> </tr> </table>	Receipt #	Amount \$	Date Processed		Date Imaged								
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4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	<table style="width:100%; border: none;"> <tr> <td style="width:20%; border: none;">ADDRESS / PO BOX;</td> <td style="width:20%; border: none;">APT / SUITE #;</td> <td style="width:20%; border: none;">CITY;</td> <td style="width:20%; border: none;">STATE;</td> <td style="width:20%; border: none;">ZIP CODE</td> </tr> </table> <div style="text-align: center; margin-top: 10px;"> <i>5808 Bettinger Drive Colleyville TX 76034</i> </div>		ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE																	
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GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Jon Bullock

15 Filer ID (Ethics Commission Filers)

—

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

☐ SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 3,480.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 3,480.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,
UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 1,376.84

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$ 2,103.16

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 0

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Jon Bullock

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jon Bullock, this the 4th
day of April, 20 19, to certify which, witness my hand and seal of office.

Christine Loven

Signature of officer administering oath

Christine Loven

Printed name of officer administering oath

Notary

Title of officer administering oath

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1 of 6

2 FILER NAME

Jon Bullock

3 Filer ID (Ethics Commission Filers)

—

4 Date

2/21/19

5 Full name of contributor

☐ out-of-state PAC (ID#:

Jon Bullock

6 Contributor address; City; State; Zip Code

5808 Bettinger Dr
Colleyville TX 76034

7 Amount of contribution (\$)

\$30.00

8 Principal occupation / Job title (See Instructions)

IT Services / consultant

9 Employer (See Instructions)

ICS Services

Date

2/25/19

Full name of contributor

☐ out-of-state PAC (ID#:

Danee Mastagni

Contributor address; City; State; Zip Code

4108 Pembroke Pkwy W
Colleyville TX 76034

Amount of contribution (\$)

\$ 250.00

Principal occupation / Job title (See Instructions)

consultant

Employer (See Instructions)

Self employed

Date

2/25/19

Full name of contributor

☐ out-of-state PAC (ID#:

Christy Spivey

Contributor address; City; State; Zip Code

3907 Martin Pkwy
Colleyville, TX 76034

Amount of contribution (\$)

\$ 100.00

Principal occupation / Job title (See Instructions)

Professor

Employer (See Instructions)

UTA

Date

2/25/19

Full name of contributor

☐ out-of-state PAC (ID#:

Melissa McConnell

Contributor address; City; State; Zip Code

1717 Avondale Dr
Colleyville, TX 76034

Amount of contribution (\$)

\$ 100.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 of 6

2 FILER NAME

Jon Bullock

3 Filer ID (Ethics Commission Filers)

—

4 Date

2/25/19

5 Full name of contributor

☐ out-of-state PAC (ID#:

Tom Hart

6 Contributor address;

City; State; Zip Code

1717 Avondale D

Colleyville, TX 76034

7 Amount of contribution (\$)

\$ 100.00

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

N/A

Date

3/3/19

Full name of contributor

☐ out-of-state PAC (ID#:

Martha Harrison

Contributor address;

City; State; Zip Code

5604 Baybreeze Dr

Flower Mound, TX 75028

Amount of contribution (\$)

\$ 50.00

Principal occupation / Job title (See Instructions)

Insurance Agent

Employer (See Instructions)

Regent Insurance Group

Date

3/8/19

Full name of contributor

☐ out-of-state PAC (ID#:

Louis Miller

Contributor address;

City; State; Zip Code

6404 Talbot Trail

Colleyville, TX 76034

Amount of contribution (\$)

\$ 250.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

N/A

Date

3/16/19

Full name of contributor

☐ out-of-state PAC (ID#:

Paul Vallhonrat

Contributor address;

City; State; Zip Code

6510 Connic Lane

Colleyville, TX 76034

Amount of contribution (\$)

\$ 50.00

Principal occupation / Job title (See Instructions)

Landman

Employer (See Instructions)

Herold Winkus Vallhonrat LLC

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3 of 4

2 FILER NAME

Jon Bullock

3 Filer ID (Ethics Commission Filers)

—

4 Date

3/27/19

5 Full name of contributor

☐ out-of-state PAC (ID#:

Kathy Da

6 Contributor address; City; State; Zip Code

3404 Middleton Way
Colleyville, TX 76034

7 Amount of contribution (\$)

\$ 100.00

8 Principal occupation / Job title (See Instructions)

Programmer

9 Employer (See Instructions)

Citigroup

Date

3/1/19

Full name of contributor

☐ out-of-state PAC (ID#:

Leslie A. Davis

Contributor address; City; State; Zip Code

161 Mill Valley Dr W
Colleyville, TX 76034

Amount of contribution (\$)

\$ 500.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

N/A

Date

3/7/19

Full name of contributor

☐ out-of-state PAC (ID#:

Roger Lee

Contributor address; City; State; Zip Code

4816 Carmel Place
Colleyville, TX 76034

Amount of contribution (\$)

\$ 500.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

N/A

Date

3/1/19

Full name of contributor

☐ out-of-state PAC (ID#:

Karl Meek

Contributor address; City; State; Zip Code

6204 Rock Dove Cir
Colleyville, TX 76034

Amount of contribution (\$)

\$ 250.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

4 of 6

2 FILER NAME

Jon Bullock

3 Filer ID (Ethics Commission Filers)

—

4 Date

3/25/19

5 Full name of contributor

☐ out-of-state PAC (ID#:

Conrad Heede

6 Contributor address; City; State; Zip Code

47008 Cabernet Circle

Colleyville, TX 76034

7 Amount of contribution (\$)

\$ 100⁰⁰

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

N/A

Date

3/25/19

Full name of contributor

☐ out-of-state PAC (ID#:

James Makers

Contributor address; City; State; Zip Code

1312 Somerset Ct

Colleyville, TX 76034

Amount of contribution (\$)

\$ 200⁰⁰

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

3/25/19

Full name of contributor

☐ out-of-state PAC (ID#:

Gina Pederson

Contributor address; City; State; Zip Code

3001 Matterhorn Dr

Bedford TX 76021

Amount of contribution (\$)

\$ 200⁰⁰

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

3/25/19

Full name of contributor

☐ out-of-state PAC (ID#:

Stephen Webb

Contributor address; City; State; Zip Code

6402 Champion Way

Colleyville, TX 76034

Amount of contribution (\$)

\$ 200⁰⁰

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5 of 6

2 FILER NAME

Jon Bullock

3 Filer ID (Ethics Commission Filers)

4 Date

3/25/19

5 Full name of contributor

☐ out-of-state PAC (ID#:

Patricia Lewis

6 Contributor address; City; State; Zip Code

209 Oaklawn Dr
Colleyville TX 76034

7 Amount of contribution (\$)

\$ 100.00

8 Principal occupation / Job title (See Instructions)

N/A

9 Employer (See Instructions)

N/A

Date

3/31/19

Full name of contributor

☐ out-of-state PAC (ID#:

Karen Deakin

Contributor address; City; State; Zip Code

4828 Lakeside Dr
Colleyville TX 76034

Amount of contribution (\$)

\$ 50.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

N/A

Date

3/31/19

Full name of contributor

☐ out-of-state PAC (ID#:

Mic. Deakin

Contributor address; City; State; Zip Code

4828 Lakeside Dr
Colleyville TX 76034

Amount of contribution (\$)

\$ 50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/2/19

Full name of contributor

☐ out-of-state PAC (ID#:

Jim Fletcher

Contributor address; City; State; Zip Code

1108 Nueces Ct
Colleyville TX 76034

Amount of contribution (\$)

\$ 200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

6 of 6

2 FILER NAME

Jon Bullock

3 Filer ID (Ethics Commission Filers)

—

4 Date

4/2/19

5 Full name of contributor

☐ out-of-state PAC (ID#:

Key Allen

6 Contributor address; City; State; Zip Code

4308 Pembroke Drwy N
Colleyville TX 76034

7 Amount of contribution (\$)

\$50.00

8 Principal occupation / Job title (See Instructions)

N/A

9 Employer (See Instructions)

Allen Wealth Management

Date

4/2/19

Full name of contributor

☐ out-of-state PAC (ID#:

Joe Allen

Contributor address; City; State; Zip Code

4308 Pembroke

Amount of contribution (\$)

\$50.00

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

Boulevard Animal Clinic

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1 of 2
2 FILER NAME: Jon Bullack
3 Filer ID (Ethics Commission Filers):

4 Date: 3/18/19
5 Payee name: NJ Graphic Design

6 Amount (\$): \$993.74
7 Payee address; City; State; Zip Code: 203 E Worth St
Grapevine TX 76051

8 PURPOSE OF EXPENDITURE: campaign materials
- advertising expense
(a) Category (See Categories listed at the top of this schedule)
(b) Description: ☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: Office sought: Office held:

Date: 3/26/19
Payee name: Home Depot

Amount (\$): \$54.30
Payee address; City; State; Zip Code: 6411 Precinct Line
North Richland Hills, TX 76182

PURPOSE OF EXPENDITURE: Stakes for signs
- advertising expense
Category (See Categories listed at the top of this schedule)
Description: ☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: Office sought: Office held:

Date: 3/28/19
Payee name: Campaign Short Cuts

Amount (\$): \$259.80
Payee address; City; State; Zip Code: 571 Austin Ct
Coppell TX 75109

PURPOSE OF EXPENDITURE: campaign software
- consulting expense
Category (See Categories listed at the top of this schedule)
Description: ☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: Office sought: Office held:

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
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Gift/Awards/Memorials Expense
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Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 of 2	2 FILER NAME Jon Bullock	3 Filer ID (Ethics Commission Filers) ---
4 Date 3/27/19	5 Payee name eFundraising connections, LLC	
6 Amount (\$) \$6900	7 Payee address; City; State; Zip Code 2831 G Street, Ste 120 Sacramento, CA 95816	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		